A patient's perceptions of using larval therapy

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This article, the second in a two-part series, explores wound healing from the patient's perspective and the effect this had on their quality of life. Larval therapy is frequently used to treat patients with complex wounds. Nevertheless, a paucity of information exists on patients' preferences and acceptance of larval therapy compared with other treatments.

Figure 1. Plantar ulcer on dorsum of left foot.

Figure 2. Left forefoot wound.

Background

The *Framework for Quality Accounts* (Department of Health [DH], 2009) states that quality should be at the heart of everything we do, identifying the following domains of importance:

- Patient safety
- Patient experience
- Effectiveness of care.

As practitioners, we are increasingly being asked by the Government and Department of Health to consider our patients' opinions in order to improve the patient experience and deliver high quality care that is effective (DH, 2009). However, it is often difficult to gain and gauge patients' views as, in the author's opinion, they are too stressed by their complex wounds and just want them to heal quickly.

Spilsbury et al 2008 explored patients' perceptions of larval therapy as a potential treatment for venous leg ulceration and concluded that, 'eliciting patient preferences and increasing patient involvement in treatment decisions is an important part of quality improvement and improved health outcomes'. Their findings have relevance for practitioners offering larval therapy as a treatment option.

Wolff and Hansson (2003) investigated 74 patients with necrotic or sloughy chronic ulcers of different aetiologies demonstrated that larval therapy effectively debrided 86% of necrotic ulcers from one application. It was also noted that there was a reduction in odour in 58% of patients. This study concluded that larval therapy was effective for debriding ulcers, easy to use and acceptable to patients.

There are few articles on patients' perceptions and experiences of larval therapy. Kitchings (2004) surveyed six patients using a phenomenological approach with open and unstructured interviews in two hospitals. Five themes emerged from patients' past experience of wounds to experience of recurrence, reduced quality of life and that living with a chronic wound led to a feeling of hopelessness. The nurses' skills were key to whether the patients had hope. It was found that being informed helped patients to choose larvae as part of their treatment, and once the treatment had started, made the experience more acceptable and less daunting. The nurse–patient relationship was a significant factor in acceptance, along with autonomy and informed choice.

Case report

Mrs J was a 50 year old lady who was normally fit and well and ran her own very successful business. This lady was admitted with an infected left foot following a fall in her bathroom at home. The primary wound was on the plantar surface just below her left big toe. She had not sought medical advice as it was not troubling her until she started to feel unwell and was horrified that from a little wound could result in such a serious wound that made her feel so ill. Mrs J felt that by sharing her experience of her treatment of larva therapy and the high and low points of her treatment. It would help other patients if they are faced with a similar dilemma to have this article available so nurses can give it out as aid to patient information.

Patient perspective

Having fallen and cut my foot in February 2009, I was surprised when it did not heal and seemed to become infected. Two weeks after my fall I visited my general practitioner, who prescribed antibiotics and sent me to the district nurse who dressed it daily over the weekend. On Monday morning it was becoming increasingly painful and difficult to walk and blisters were appearing on the top of my foot. The district nurse came to dress my foot and when she removed the dressing there was a very unpleasant smell and they were concerned enough to send me to hospital (*Figures 1* and *2*). After initial tests I was asked how long had I been diabetic. 'I am not' was my reply, but they assured me that I was as my blood sugar level was 28mmols and normal levels were 4–7mmols.

The next few days went by in a blur, during which time my foot was debrided and I was pumped with antibiotics and insulin. I had no feeling in my foot, as it appeared to have been compromised by the debridement. Although I was not in much pain, all the nurses seemed to think I would lose my foot which caused

me serious concern. After four days my consultant came to look at the 'fetid foot' and said that he thought it was saveable and he would send for the tissue viability specialist. The relief to know that I would not lose my foot was tremendous.

Shortly after that a blonde smiling vision in a blue uniform arrived and inspected the smelly crater on the top of my foot which measured 9x15cms, and the wound on the bottom of my foot which was slightly smaller.

She decided to try larval therapy. 'Is that maggots' I asked. Smiling, she replied in the affirmative and reassured me that she would arrive the next morning with the 'little friends'. They would be left on for a few days to do their work. In due course the larvae arrived and my wounds were packed with what appeared to be giant tea bags full of small thread-like maggots. Some of the nurses were interested in the activity of the larvae, while others were nervous about dealing with them. I found it fascinating to see how the wound site became cleaner day by day.

It takes some mental strength to accept that you have these creatures cleansing away the necrotic tissue in your foot, but when the alternative is losing your foot give me 'little friends' every time.

After several weeks of the thread-ike maggots going in, and large fat maggots coming out, we changed from the debriding maggots to maintenance maggots. Eventually the consultant stated that he could not have someone who looked so healthy in his hospital bed.

I was despatched to my daughter's where, again, some of the district nurses were fascinated by the larval therapy, while others were horrified (the marmite effect you either love or hate them).

The healing process seemed to be going alright so we dispensed with the maggots and went on to conventional dressings. This meant that I saw the district nurses less and life and started to be less dependent on them.

Eventually I was able to drive again and was not reliant on my family to take me to my hospital appointments. Finally, I felt well enough to return back to my own home (*Figures 3* and *4*) and gradually went back to work. Having my own business this was important.

At the end of August 2009 I was able to go on holiday abroad with my family and to dip my foot in the sea. On my return everyone was amazed by the improvement in my wounds. Sea water had obviously been good for them.

I was now back at work and my life was slowly returning to normal and by Christmas I only had a small wound. I was beginning to feel as if my foot would never make that final leap of faith and heal completely.

If I had been a less positive person I could have become depressed, but I am not. My daughter thinks that the foot needs an anniversary, here's hoping as February comes around again.

Conclusion

Effective debridement in the diabetic foot is challenging for every clinician, and often we fail to understand what the patient feels when giving our nursing care. Treating the underlying problems and selecting a suitable care pathway is vital to the patient's recovery and, in this case, saved the patient's foot.

It is also important to consider the patient's mental well being, as it is an integral part of holistic patient care alongside healing complex wounds. This case accomplishes similar themes that were found in Kitching's study (2004). While this is only one case report, it provides an insight as to how this patient felt during a six-week period of debridement with larval therapy, followed by maintenance larvae to continue the wound healing process successfully. This resulted in the patient being able to go home and continue treatment as an outpatient by the district nursing team and the author, and regain her independence and health. The patient now has a functional foot with some feeling, which to her is priceless. WUK

Figure 3. Left forefoot completely healed (08/02/10).

Figure 4. Left plantar ulcer completely healed (08/02/10).

References

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